KENTUCKY REGISTRY FOR SECONDARY METALS RECYCLERS P.O. Box 1360 Frankfort, Kentucky 40602

Secondary Metals Recycler Renewal Form

In accordance with KRS 433.902 Section 1 (g) of the Kentucky Revised Statutes, each registered Secondary Metals Recycler shall be required to pay an annual renewal fee equal to the actual administrative costs of processing the renewal of the certificate for registration. If you do not renew your registration by your expiration date, your registration will terminate and you will be required to reapply for a new registration number in order to be placed on the registry again.

Renewals mailed by the expiration date (must be postmarked on or before the expiration date - no exceptions) - \$100.00. *Checks should be made payable to the Kentucky State Treasurer*.

SECTION I: APPLICANT INFORMATION (Please type or print clearly):

Name of Business:			
Social Security #:	EIN #:		
Last Name	First Name	M	iddle I.
Business Mailing Address:			
Street or Box Number	City	State	Zip
Business Physical Address (If different from	m mailing address):		
Street or Box Number	City	State	Zip
E-mail address:	Registration	Number:	
Work Phone Number:	Home Phone Number:		
Please list any additional business locations (Attach additional sheets if necessary)	s below. Each additional location rec	uires an additional \$	100 renewal fee.
Business Mailing Address:			
Street or Box Number	City	State	Zip
Business Physical Address (If different from	m mailing address):		
Street or Box Number	City	State	Zip

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SECTION II: HOURS OF OPERATION

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SECTION III: BUSINESS STRUCTURE & MEMBERSHIP

Please check the option that best describes your business.

Corporation Limited Liability Company Partnership Individual

If the business is a corporation, provide the registered agent's contact information:

Registered Agent's Name Registered Agent's Phone Number

Mailing Address

City County State Zip Code

If the secondary metals recycler is owned by a corporation, limited liability corporation, limited liability partnership, incorporated association, or any other entity organized for the purpose of engaging in business as a secondary metals recycler, "applicant" means the officers of these entities. Provide the information requested below for each applicant. Attach additional sheets if necessary.

Name	Address	Position	Social Security #

SECTION IV: APPLICANT AND BUSINESS MEMBERSHIP CONDUCT

Please review questions 1 and 2 carefully before answering. Please answer the questions in regard to the applicant and every individual listed in response to Section III.

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1.	Has the applicant, or anyone named in response to Secuplea of guilty, an Alford plea or a plea of nolo contents tolen property, receiving stolen property, burglary, embany felony drug offense, or knowingly and intentionally registration as a secondary metals recycler? Yes No	dere to, a felony involving theft, larceny, dealing in pezzlement, or obtaining property by false pretenses,
2.	Has there been any denial of an application for, sus Secondary Metals Recycler registration of the applicant above? Yes No	
-	ou answered yes to any of the questions above, please subtinuation sheet, marked Exhibit A.	mit documentation and explain the circumstances fully on a
	CERTIFI	CATION
	submitted to the Kentucky Office of Occupations and	enewal of registration as a Secondary Metals Recycler as I Professions is true and correct in its entirety. In addition, I gulations, and standards set forth under Kentucky Revised
	of similar function on which notifications of stolen to be expeditiously received from law enforcements off further that the equipment shall be operable at all t	of business, an e-mail address, facsimile, or other equipment restricted metals, ferrous metals, and nonferrous metals may icials or electronic metal theft notification systems. I certify imes during the applicant's customary business hours. The Professions of the Public Protection Cabinet within two (2) or the purposes of these notifications.
	Signature I	Date

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